

THE CITY OF SAN DIEGO CITY COUNCIL ARTS, CULTURE AND COMMUNITY FESTIVALS (ACCF) REQUEST FOR REIMBURSEMENT PAYMENT

| Organization: | | Request Period: | Month - Month/Yr. | |
|-------------------------------------|--|--|---------------------------|--|
| Mailing Addr. | | | MOhui - Mohui/ 11. | |
| Phone: | | Fiscal Year Ends: | June 30, 2013 | |
| - | | Tiboai Ioai Engo. | <u> </u> | |
| Person Complet | ting Form/Title: | | | |
| | **PAYMENT REQUESTED DETAILS: Compl | | | |
| Expense Classification Number | EXPENSE CLASSIFICATION | ACCF FY 2013 Contract Allocation (A) | ACCF Payments to Date (B) | |
| | PERSONNEL EXPENSES | | | |
| 1 | Artists (all disciplines) | | | |
| 2 | Entertainment | | | |
| 3 | Administrative | | | |
| 4 | Event Organizer | | | |
| 5 | Technical/Production | | | |
| 6 | Security/Cleaning | | † | |
| 7 | Other (specify) | | <u> </u> | |
| | Personnel Expenses Subtotal | \$ - | \$ - | |
| Ī | OPERATING EXPENSES | | Ψ | |
| 8 | Facility Expense (Rent, Util's, | | | |
| 9 | Marketing/Publicity | | † | |
| 10 | Materials/Supplies | | | |
| 11 | Other (Specify) | | † | |
| | Operating Expenses Subtotal | \$ - | \$ - | |
| | TOTAL | - | \$ - | |
| AUTHORIZAT | | - · . • | | |
| Under penaity or | f perjury under the laws of the State of California, I | certify and understand that I am res | ponsible for the | |
| Signature | | Date | | |
| Print Name | | Phone No. | | |
| | go to Complete This Section | | | |
| | go to Complete This Section | | | |
| Approved: | City of San Diego, Originating City Council Office | Date: | | |
| | Ony 5. San 2.035, 2.03 3.2.7 | | | |
| Approved: | City of San Diego, City Council Administration | Date: | | |

BES S

EXPENSE CLASSIFICATION CODE NUMBERS

PERSONNEL EXPENSES

- 1 Artists
- 2 Entertainment
- 3 Administrative
- 4 Event Organizer
- 5 Technical/Production
- 6 Security/Cleaning
- 7 Other (specify)

OPERATING EXPENSES

F · 8 - Facility/Space Rent

M 9 - Marketing/Publicity

S · 10 - Material/Supplies

O 11 - Other (specify)

REQUEST FOR REIMBURSEMENT PAYMENT BUDGET DETAILS

Please provide details on expenditures for which City funds are going for reimbursement. Use code numbers shown above to classify expenditures, and group the same expense codes number together. Sum the total of each expense code in the Expense Code Total.

The expense codes should correspond to the Budget Summary in your Agreement.

| Check Number | Date | Vendor | Amount | Expense Code | Expense Code Total |
|-----------------|------|--------|--------|-----------------|---------------------------|
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PLEASE complete and return with back-up documentation for processing to:

Originating Council Office (Specify which Council District) City of San Diego 202 C Street, MS-10A San Diego, CA. 92101

PLEASE SUBMIT JUST ONE (1) COPY

Copy this side (blank) if additional pages are needed